

WISCONSIN AVIATION CONFERENCE ATTENDEE REGISTRATION

Wisconsin Department of Transportation
DT1982 2003

Last Name	First Name
Representing	
Street Address	
City, State, Zip Code	
Area Code-Telephone Number	
E-Mail Address	
Name Tag Information	
I will participate in the Sunday evening ice-breaker reception: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Registration Fees		
Full Conference Registration ADVANCE	\$60.00	
Full Conference Registration AFTER MARCH 26, 2004	\$80.00	
Registration— Monday only	\$30.00	
Registration— Tuesday only	\$30.00	
TOTAL AMOUNT DUE		

I will attend the following meals:	
Monday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Tuesday <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
<input type="checkbox"/> Vegetarian Meal	

Please submit one registration form for each participant.

Make check payable to:

Wisconsin Aviation Conference

Return registration form and payment to:

Wisconsin Department of Transportation
Bureau of Aeronautics
P.O. Box 7914
Madison, WI 53707-7914

Registration Deadline:

March 26, 2004